OBSTETRICS

UNDER THE CHARGE OF

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The Education, Licensing, and Supervision of the Midwife.—EDGAR (*Amer. Jour. Obst.*, March, 1916), at the Sixth Annual Meeting of the American Association for the Study and Prevention of Infant Mortality, Philadelphia, November 10, 1915, contributed the opening paper in a discussion upon this subject. He drew attention to the fact that little of a practicable nature has so far been accomplished by this country. There are in the profession, three opinions: (1) The midwife must be abolished. (2) The midwife should be ignored and left to her own devices. (3) The midwife should be raised to a higher plane by proper education and State control. Based upon a large experience, Edgar states that the first proposition, in his judgment, is impossible until there is some better substitute for the midwife. The second, namely, that the midwife be ignored and left to her own devices, he thinks unworthy of consideration; the third is, at present, the only practical way of dealing with the problem. At present, physicians and trained nurses are required to receive special instruction in practical obstetrics before they are permitted to enter upon practice. Although about 40 per cent. of the confinements in this country are cared for by midwives, these persons are, except in rare instances, ignorant, untrained, incompetent women, whose bad practice cause death and blindness in infants, and suffering, ill health, and death to mothers. At present, we cannot eliminate the midwife, and whether we shall ever be able to do so remains an open question. If the midwife cannot be eliminated, cannot she be so trained, and her action so regulated, that she will cease to be a danger to the community? It may be interesting to know what is the greatest source of puerperal mortality and morbidity. In the past, many practitioners of medicine were undoubtedly more dangerous to their parturient patients than many midwives. At present, medical education has advanced to a point where this has rapidly ceased to be true. Under present conditions, the most satisfactory way to abolish the more objectionable part of the midwife problem is to recognize her, control her, put her under educational requirements by the State, and bring these to such a point that only intelligent midwives can exist. This is part of the general improvement in medical education now going on throughout the country. Edgar states that in the Borough of Manhattan, there were, during last year, about 10,000 confinements in maternity hospitals as charity patients, and 7000 in their own home, a total of 17,000 free confinements. When the returns of births of the city of New York, for the past ten years are studied, it is interesting to note that during the past six years there has been a gradual but persistent decline in the number of births reported by midwives, until, in 1914, it reaches 37.6 per cent.

Much of this is due to the successful establishment of maternity dispensaries. That patients are willing to avail themselves of these institutions is shown by the experience of Edgar at Bellevue, after the establishing of the school for midwives; the number of patients in the service rapidly increased until in three years, 307 were attended in the school itself, and 630 in the town. In many cases midwives are employed by foreign women because the midwife is a woman; this could be obviated by encouraging graduate nurses from our training schools to make a specialty of obstetric work, and gradually to supplant the midwife. In the rural districts this would be a valuable procedure. Furthermore, the midwife frequently does domestic work in the household, often acting as housekeeper and cook. Experience shows, however, that foreign-born patients frequently employ a midwife for the first confinement after arriving in the country, and afterward go to maternity dispensaries or hospitals. Should competent midwives be no longer needed, they could still find employment as housekeepers. One of the circumstances which prevents the poor and those of very small means from having good obstetrical service, lies in the fact that there are very few low-priced rooms in hospitals. Edgar gives a summary of the educational work of the Bellevue School for Midwives which shows most satisfactory results, and may be referred to by all who are interested in the subject. So far as the supervision of the midwives goes, but four cities of the country, Philadelphia, Buffalo, Pittsburgh, and Providence, exercise efficient supervision over midwives. The licensing of these women presents difficulty unless there is recognized by the State an institution of authority competent to give a license. Edgar's experience in dealing with this problem is of special value in view of his connection with the Bellevue School for Midwives, and his wide experience in obstetrics. His conclusions, therefore, are of special interest. The midwife should have no place in modern medicine or surgery, but at present her elimination is impossible. She is, today, a necessary evil, attending about 40 per cent. of confinements in this country. Three professions have to do with the care of the parturient woman; the physician, the trained nurse, and the midwife, and no attempt should be made to perpetuate the last as a separate profession. The midwife should never be regarded as a practitioner. At best she is a nurse with sufficient knowledge to attend when necessary, normal deliveries. In rural and suburban districts, obstetric practice should be conducted by physicians and district trained nurses. The control of the education, licensing, and renewal of licenses should rest with the State Board of Health, or State Board of Education, the renewal of the license to depend upon the midwife's record for the year as demonstrated by supervisors from the local board of health. General improvement in medical education, the extension of dispensary maternity service, and the measures already described will reduce the ranks of the midwife, and render those remaining less a menace to the country, and pave the way for their final elimination. Baldy (*Amer. Jour. Obst.*, March, 1916) gives his experience in various methods in the conduct of obstetric practice. Admitting the existence of the midwife, the question arises, is she as efficient or more efficient than other agencies now in existence? As regards visiting maternity dispensaries, and medical school dispensaries, the

senior students attached to these have had little or no experience, and do their work to gain experience. They compare unfavorably with some midwives. In comparison with the worst class of doctors, the statistics in Philadelphia show that patients are as well off, if not better, in the hands of midwives, than in the hands of doctors; the record showing 7 maternal deaths, and 365 fetal deaths in 12,000 cases. The question would be solved by the admission of all maternity cases to maternity hospitals. This is largely a matter of time and education, and is at present, impossible, because, for one reason, we have a continuous influx of foreigners added to our population. While the midwife cannot be eliminated at present, she can be educated and controlled, and to some extent, so can the public. In Pennsylvania a very considerable advance has been accomplished by Baldy in the matter of control and supervision. He believes that we should not educate new midwives, but allow a gradual and natural elimination. One of the most important agencies in securing the gradual elimination of the midwife is the requirement in Pennsylvania, that all hospitals shall furnish maternity service, and that each interne shall have at least six weeks service in obstetrics. Baldy summarizes his views to the effect that, theoretically, midwives should not exist. The time has not come when she can be eliminated, then those already in the field must be educated, and strictly regulated in practice. This will lessen their number in a way which even prohibition will not do. The education of new midwives or the admission of those educated abroad is of dubious value. Hospitals with maternity departments, and maternity hospitals should be developed to the point of highest efficiency, and patients encouraged to go to them. Lessening the number of midwives by the elimination of the unfit, refusing admission to any, or possibly but to a few of the new ones, and placing ample maternity service from hospitals at the disposal of the community, will do what prohibition cannot now accomplish in the elimination of the midwife. DeLee is strongly opposed to the midwife and believes it unnecessary that she exist. Recent medical graduates and younger physicians, with the establishment of dispensaries and maternity hospital service, have made the midwife no longer necessary. Her continuance can bring nothing but harm, and she should be abolished.

The Treatment of Puerperal Sepsis by Uterine Suction and Drainage.—Porritt (*Brit. Med. Jour.*, May 20, 1916) believes that when sapremia complicates the puerperal period, that an intra-uterine douche may convey infection into the peritoneum, causing rapidly fatal peritonitis. In 1 case he gave the patient an intra-uterine douche followed by violent abdominal pain and collapse, and death five hours later. Others have proved that fluid injected into the uterus makes its way into the tubes and peritoneum although very little force may be used for the injection. Where it is necessary to remove retained decidua from the uterus in cases of infection, the writer avoids the use of the curette and digital manipulation, and uses suction. A glass tube is passed into the uterus to which is attached a bulb, and by compressing the bulb a vacuum is created, and by allowing the bulb to expand, the contents of the uterus are drawn into the tube. In this manner retained septic material is removed with the least possible damage. He describes

2 cases in which this treatment was followed by the prompt recovery of the patient. He alludes to Gallant's experience (*New York Medical Journal*, October 10, 1914), where 252 cases of uterine infection were treated by continuous drainage with tubes. He describes a third case where the method of treatment was useless.

Pregnancy in the Tuberculous.—C. NORRIS (*Amer. Jour. Obst.*, June, 1916) has investigated at the Phipps Institute the course of pregnancy complicated by tuberculosis. He finds that pulmonary tuberculosis exerts very little or no influence in preventing conception, nor does it bring about abortion or premature labor in the average patient. Where the pulmonary tuberculosis is mild, one-fifth of the cases become worse during pregnancy or the puerperal period. Where the tubercular process is more advanced, two-thirds show decided increase. Tuberculous women should not marry because of the danger of increasing the tuberculous process. Pregnancy should be avoided unless the infection is a very mild one and has been quiescent for two years. In trying to estimate the result of pregnancy in a tuberculous patient, each case must be studied on its own merits. Before the fifth month of pregnancy the uterus should be emptied if the tubercular disease is active. Curettage during the first eight weeks, and later vaginal hysterotomy is indicated. Two-thirds of cases are better if pregnancy is interrupted. After the fifth month the case may go on if circumstances are favorable, induced labor being occasionally indicated and labor made as easy as possible. Tuberculous mothers should not nurse their children, and such patients should receive the best possible general treatment. Usually tuberculosis precedes pregnancy.

The Repair of Old Lacerations of the Genital Tract during the Puerperal Period.—HUSSEY (*Amer. Jour. Obst.*, June, 1916) reports 40 cases of laceration of the genital tract operated upon during the puerperal period. These comprise 31 old lacerations, 9 old and new tears of the perineum, 22 old lacerations, and 6 old and new tears of the cervix. The cervical injuries differed in severity, while the lacerations of the perineum were incomplete in 38, and complete in 2. One case was complicated by a vaginal cyst and hemorrhoids. The time selected for the operation varied from one to fifteen days after labor. In 5 operation was done within twenty-four hours after delivery; in 22, forty-eight hours after delivery; in 9, between the third and seventh days. Out of the 40 cases, 35 recovered without complications; 2 had rise of temperature on the day after operation; 2 had suture infection developing about the seventh day, relieved by removing the infected stitch. One patient had chill and temperature 102° F. which appeared at regular intervals, and was cured by quinin. There was primary union in this case. So far as the results of operation went, in 29 cases in which the cervix was repaired, there was primary union in 25; partial in 3, and no union in 1. On the perineum there was good union in 32; partial in 6; and none in 1. In 6 patients the uterus was retroverted when they left the hospital. In others the pelvic organs were in normal position. The average stay in hospital was between twelve and thirteen days. In operating, one must make allowance for the subsequent contraction of the parts, and the perineum and vulva must

not be closed too tightly. The presence of lochial discharge did no harm. During the operation a gauze sponge placed in the vagina protects the wound, and close approximation of the edges protects the tissues later. So far as the interruption to nursing is concerned, the child was fed artifically during the day of operation, and nursed on the following day and afterward. In operating upon the cervix peculiar difficulties are found because of the relaxed and dilated condition of the parts. Hemorrhage may be excessive, and tissues may tear out when grasped by tenaculum forceps. In performing denundation, the tissues are soft and care must be taken not to excise too much force nor pull too strongly. It is recognized that the complete restoration of the genital tract to its normal condition can often not be secured by operation during the puerperal period, but many working women cannot cease work long enough to enter the hospital for secondary operations, and the opportunity must be taken to care for them during the puerperal period. Such operative work becomes not operations of choice, but those of necessity under existing circumstances.

Postmortem Cesarean Section.—HARRAR (*Amer. Jour. Obst.*, June, 1916) reports 10 cases of postmortem Cesarean section in the practice of the Lying-in Hospital of New York. In 91,600 pregnancies at or near term, 50 women have died undelivered, most of them in less than an hour after entering the hospital. In 19 cases there was postmortem delivery. In 7 by version, resulting in 7 stillbirths, in 1 case the head of a living child was on the perineum and the child was delivered alive by a low forceps application. In 1 case version and extraction just after the death of the mother secured a living child. In 10 postmortem section was performed. When the conditions causing maternal death are studied, disease of the heart, placenta previa, rupture of the uterus, eclampsia, tuberculous meningitis, and cerebral hemorrhage were present Three of the children were stillborn, having probably died before the mother. Four were born with hearts beating feebly, but could not be revived. One died shortly after delivery; 1 on the sixth day, of pneumonia; 1 badly asphyxiated at birth left the hospital in good condition; and 1 crying spontaneously at delivery was discharged well. This gives 2 children living and in good condition out of the 10. In these cases the longest interval between the death of the mother and the birth of a living child was seven minutes. One delivered eight minutes after the mother's death gave a few feeble gasps and soon died, and 1 delivered twenty minutes after the mother's death made no attempt at breathing, although the heart was beating feebly. It is of the greatest importance that section be done as soon as possible after the mother's death. Efforts to resuscitate the child should be carried out as long as there is the slightest reason to hope for success. In the same number of the *Am. Jour. Obst.*, WHITESIDE, counsel to the Medical Society of the County of New York, gives the legal aspect of postmortem Cesarean section. In view of the present state of scientific progress, it would undoubtedly be considered culpable negligence if a physician were present when a woman pregnant at term died suddenly, if the physician did not immediately deliver the child.